



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

CONSULTEC

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Medicaid Provider Services

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Mailing Addresses

Claims & PARs
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Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments

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Denver, CO 80201-0090

Provider enrollment, Provider information, Changes, Signature authorization, and Claim requisitions

P.O. Box 1100
Denver, CO 80201-1100

Medicaid Fiscal Agent Information on the Internet

WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

**Distribution: Pharmacies, Physicians,
& Osteopaths**

July 2000

Reference: B0000071

New & revised benefits for pharmacies

Effective July 1, 2000, the Colorado Medicaid program is revising and/or adding the following prior authorization criteria for the drugs listed below.

Drug	Criteria
Epogen, Procrit	In addition to the existing criteria included with bulletin B9900027 (August 1999): Prior authorizations will be approved for clients living at an altitude above 8,000 feet with a hematocrit equal to or less than 34 when all other existing criteria are met.
Stadol NS	Limited to 4 bottles per month.
Fluoride	The following products will no longer require prior authorization. Fluoride 0.5mg Tablets GCN07511 Fluoride 0.5mg/ml Drops GCN07473 Fluoride 1mg Tablets GCN07512 Any Fluoride products other than the ones listed above still require prior authorization.

If you have any questions, please contact PDCS Pharmacy Help Desk at:

1-800-365-4944.